

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/643349
APPLICANT(S)

10/11/00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*
IND.	DEP.	IND.
61	1	
62	1	
63	1	
64	1	
65	1	
66		
67		
68		
69		
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98		
99		
100		
TOTAL IND.	2	
TOTAL DEP.	5	
TOTAL CLAIMS	7	